# MONTANA TEACHERS' RETIREMENT SYSTEM INSTRUCTIONS AND CHECKLIST OUT-OF-STATE TEACHING SERVICE

Creditable service may be purchased in the Montana Teachers' Retirement System (TRS) for public or private out-of-state teaching service performed within the United States and its territories or possessions that would have been acceptable if the service had been performed in Montana. A member may also be eligible under certain circumstances to qualify teaching service performed outside the United States.

A member joining the Montana TRS on or after July 1, 1973, may not be awarded more than five years of creditable service in any combination of out-of-state service, federal service, military service, private school service, extension service or service while on leave.

If a member contributed to a public retirement plan other than Social Security while performing the out-of-state service, they must receive a refund of their contributions from the other state before qualifying this service in Montana TRS, or rollover the out-of-state public retirement account. They may not purchase out-of-state service if they are receiving credit for the same service in another state. Research assistants and graduate student teaching service do not qualify under the Montana TRS.

#### Steps Required:

- You must apply by completing Part 1 of the Form 101 attached.
- Send this form to your Out-of-State employer for completion of Part 2.
- The Out-of-State employer must complete Part 2 and forward the form to the Out-Of-State public retirement system if the service was reported to a public retirement plan.
- The Out-Of-State public retirement system must complete Part 3 and send the form to the Montana TRS.
- The Montana TRS will determine eligibility to purchase the service, calculate the cost and advise you accordingly.
- The purchase of service must be completed prior to the Montana TRS processing the member's application for retirement.

## MONTANA TEACHERS' RETIREMENT SYSTEM

1500 E 6TH AVE PO BOX 200139 HELENA MT 59620-0139 (406) 444-3134

#### TRS Office Use Only

Member's Signature



### VERIFICATION OF SERVICE OUT-OF-STATE

(PLEASE TYPE OR PRINT LEGIBLY IN DARK INK.)

PART 1 – MEMBER'S INFORMATION:

(Name - Please Print)

(Date of Birth)

(Social Security Number)

(Home Mailing Address)

(City, State & Zip Code)

(Area Code & Telephone Number)

(Maiden Name)

I hereby request and authorize the release of information requested on this form and any information necessary in establishing my claim for out-of-state service.

PART 2 – TO BE COMPLETED BY AN OFFICIAL OF THE OUT-OF-STATE EMPLOYER:											
USE ONE LINE FOR EACH SCHOOL YEAR											
□Private Teaching Ser □Public Teaching Ser  Name of Employe	rvice	Term of Service During Each (Fiscal Year - July 1 to Ju From Month Year Month		iscal Year le 30) <b>To</b> Year	Full-Time	Part-Time	If Part-time, Full-time Equivalent	Number of Months Served			
Position/Title and Brief Description of Instructional Duties:											
I certify to the Montana Teachers' Retirement System that according to the official records available to me, the applicant was employed in a public or private school, college or university of this state.											
Authorized Signature of Employer					Printed Name and Official Title of Authorized Signature						
Name of Employing Agency (school system, institution or University)					Mailing Address						
Date Signed Telephone Number  ( ) -				City, State, Zip Code							

#### PART 3 – TO BE COMPLETED BY OFFICIAL OF THE PUBLIC OUT-OF-STATE RETIREMENT **SYSTEM (If applicable)**

To:

Teachers' Retirement System

From:	Montana Teachers' Retirement System									
Subject:	t: Eligibility for Additional Credit									
to establis purchase state or w member e	sh credit for of addition vho have ve establish ac	n the front of this form is an active mem prior service with your system as verifi- al public teaching service credit by me ested rights to a benefit to be paid at so Iditional service credit, please answer is stem. Your assistance is greatly apprec	ed by a previous employer. Monta embers who are receiving a retire ome date in the future. Therefore, the questions below that will indica	na law does nement benefit for the total to the total total to the total total total to the total total total to the total tot	ot permit the rom another helping this					
	o the years ecord in you	□ YES	□NO							
2. H	lave the app	□ YES	□NO							
3. D	oes this me so, please	□ YES	□NO							
4. H	las this serv	□ YES	□NO							
R	temarks:									
CERTIFIC	CATION									
I certify that the above information was taken from the official records of this system.										
Authorized Signature of Official			Printed Name and Title of Authorized Officia							
Name of Agency (Retirement System)			Mailing Address							
Date Signed	-	Telephone Number	City, State, Zip Code							

NOTE: Please return this completed form to:

MONTANA TEACHERS' RETIREMENT SYSTEM PO Box 200139 HELENA MT 59620-0139

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT OF 1992, ALTERNATIVE ACCESSIBLE FORMATS OF THIS DOCUMENT WILL BE PROVIDED UPON REQUEST

TRS Form 101(REVERSE) Rev 05/2005